



# CALIFORNIA DEPARTMENT OF HEALTH SERVICES

## SCREENING FORM FOR SUSPECT AVIAN (H5N1) INFLUENZA

Patient's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: ☐ Male ☐ Female Occupation (if HCW, note type): \_\_\_\_\_

### TESTING FOR AVIAN INFLUENZA A (H5N1) SUSPECT CASES IS RECOMMENDED:

A patient who has an illness that requires **hospitalization** or is **fatal**; **AND** has a documented fever  $>38^{\circ}\text{C}$  ( $100.4^{\circ}\text{F}$ ); **AND** has radiographically-confirmed pneumonia, acute respiratory distress syndrome (ARDS) or other respiratory illness with no alternate diagnosis established; **AND** has at least **one** of the following exposures within 10 days of symptom onset:

A. Travel to an area<sup>1</sup> with documented avian (H5N1) influenza in poultry<sup>2</sup>, wild birds and/or humans with at least one of the following:

- Direct contact with (e.g. touching) sick or dead domestic poultry<sup>2</sup>; OR
- Direct contact with surfaces contaminated with poultry<sup>2</sup> feces; OR
- Consumption of raw or incompletely cooked poultry<sup>2</sup> or poultry<sup>2</sup> products; OR
- Direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1; OR
- Close contact (within 1 meter or 3 feet) of a person who was hospitalized or died due to unexplained respiratory illness.

If yes, list country(ies) and dates of travel: \_\_\_\_\_

If yes, list details of suspect H5N1 poultry, wild bird or human exposure history: \_\_\_\_\_

B. Close contact (within 1 meter) of an ill patient who was confirmed or suspected to have H5N1; OR

C. Worked with live influenza H5N1 virus in a laboratory.

Additional details: \_\_\_\_\_

### TESTING ON A CASE-BY-CASE BASIS IN CONSULTATION WITH THE LOCAL HEALTH DEPT SHOULD BE CONSIDERED:

- A hospitalized or ambulatory patient with mild or atypical disease (e.g., diarrhea or encephalitis without respiratory disease) with one of the above exposures (A, B or C) OR
- A patient with severe or fatal respiratory disease whose epidemiological information is uncertain, unavailable or suspicious, but does not meet criteria listed above (e.g. returned traveler from an affected country with unclear exposure, or with contact with well-appearing poultry)

List details: \_\_\_\_\_

1. See [http://www.oie.int/downld/AVIAN%20INFLUENZA/A\\_AI-Asia.htm](http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm) (click on "GRAPH" at top) for a list of affected countries.
2. The definition of poultry is: domestic fowls, such as chickens, turkeys, ducks, or geese, raised for meat or eggs.

### CLINICAL INFORMATION/HOSPITAL COURSE

Date of symptom onset: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of first clinical evaluation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is patient hospitalized? ☐ Yes ☐ No ☐ Unk If yes: Name of hospital and county: \_\_\_\_\_

Date of admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is patient in the ICU? ☐ Yes ☐ No ☐ Unk Intubated? ☐ Yes ☐ No ☐ Unk

Symptoms: (e.g., fever, chills, myalgias, headache, cough, diarrhea, n/v, alt mental status, seizures, etc) Documented temp: \_\_\_\_\_ O<sub>2</sub> sat: \_\_\_\_\_

Notes on hospital course, complications (e.g., ARDS, bacterial pneumonia, encephalitis, sepsis/MOF, etc) and antibiotics/antivirals received: \_\_\_\_\_

Past Medical History (also note risk factors for influenza complications, e.g. cardiopulmonary disease, immunosuppression, pregnancy, etc) : \_\_\_\_\_

Laboratory: WBC with diff: \_\_\_\_\_ Hct: \_\_\_\_\_ Platelet: \_\_\_\_\_ Liver function: AST: \_\_\_\_\_ ALT: \_\_\_\_\_

Chest X-ray/CT: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Did the patient die? ☐ Yes ☐ No ☐ Unk If yes, date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Was autopsy performed? ☐ Yes ☐ No ☐ Unk

### MICROBIOLOGY RESULTS FROM CLINIC/HOSPITAL/LPHL (e.g., rapid antigen testing, bacterial/viral culture, PCR, biopsy/path results):

Reporting LHD/physician contact: \_\_\_\_\_ Phone/fax: \_\_\_\_\_

Please report any suspect or laboratory-confirmed cases to the CDHS Viral and Rickettsial Disease Laboratory (Janice Louie, Carol Glaser or David Schnurr) or the CDHS Duty Officer of the Day

**FAX THIS FORM TO 510-307-8599**